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DATE:

03/16/22

NAME:

BRAMSHILL NAPLES LLC

TYPE OF FILING: APPLICATION

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate :	name adopted for the purpose of transacting liusiness in Flo	orida, The alter	nate name must include "Lumited Liability Co	ompany," "L.L	C." or "LLC "	
2 Delaware (Dixisdiction under the law of which foreign limited liability company is organized		3	(FEI manber, of app	(FEI manber, if applicable)		
4. 9/24/2021	(Date hist transacted business in Florida, if piper to	registration,)				
5. 801 Laurel Oak Drive, (Street Address of Principal Office)	(See 300A	80	Il Laurel Oak Drive, Suite 300A			
Napics, FŁ 34108		N:	aples, FL 34108		2022 MAT	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)		16	
Name:	Universal Registered Agents, Inc.				PH 4: 33	
Office Address:	1317 California Street				w	
	Tallahassee		32304 , Florida			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jernifer Earney Assistant Secretary
(Registed agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: William Nieporte	Manager	Name: Stephen Selver
□Member	Address:	□Member	Address: 80! Laurel Oak Drive
□Authorized	Suite 300A	□Authorized	Suite 300A
Person	Naples, Florida 34108	Person	Naples, Florida 34108
□Other	Other	Other	Other
■Manager	Name:	□Manager	Name:
□Member	Address: 801 Laurel Oak Drive	□Member	Address:
□Authorized	Suite 300A	□Authorized	
Person	Naples, Florida 34108	Person	-
Other	Other	Other	Other
□Manager	Name:	□Manager	Name: HA
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	33
□Other	Other	□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person
William Nieporte

Typed or printed name of signee

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRAMSHILL NAPLES LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTEENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAMSHILL NAPLES LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 202914492

Date: 03-15-22